

FROM : CORNELL

PHONE NO. : 9198450395

0300  
Feb. 10 2002 02:19AM P1

Ronald S. Cornell  
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## facsimile transmittal

To: Valerie Canard Fax: 1 703 308-~~7551~~ 7751

From: Ronald Cornell Date: ~~Tuesday~~ Monday, February 11, 2002

Re: SN 09/966,299 Pages: 7 (including this page)

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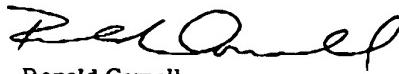
Transmittal Form.

Notice To File Corrected Application Papers,

Petition For Extension, and

Drawings (3 pages)

I will call to see if everything was received satisfactorily. Thanks for your help.



Ronald Cornell,

Attorney for Applicants

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PHONE NO. : 9198450395

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/966,299
		Filing Date	09/27/2001
		First Named Inventor	NIKOLAY V. BEUKOV
		Group Art Unit	1722
		Examiner Name	
Total Number of Pages in This Submission	6	Attorney Docket Number	HUK-2003-1

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowed Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<i>NOTICE TO FILE CORRECTED APPLICATION PAPERS; CONFIRMATION NO. 5037</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	RONALD S. CORNELL
Signature	<i>Ronald S. Cornell</i>
Date	2/11/2

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:  FAXED

Typed or printed name	RONALD S CORNELL
Signature	<i>Ronald S. Cornell</i>
Date	2/12/2

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